C-12-568 MEJ

JS 44 CAND (Rev. 12/11)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS Derrick Richards White Pro'SE
5334 Golden Stream Dr.
Houston, TX 77066

(b) County of Residence of First Listed Plaintiff Harris
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
PRO SE

DEFENDANTS The Regents of The University of California
1111 Franklin St, Oakland, Ca

County of Residence of First Listed Defendant Alameda
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☒ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☒ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☒ 4
Citizen of Another State	☒ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

CONTRACT
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

REAL PROPERTY
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

TORTS

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Personal Injury - Med. Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

CIVIL RIGHTS
- ☒ 440 Other Civil Rights
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
- ☐ 446 Amer. w/Disabilities - Other
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PRISONER PETITIONS
- ☐ 510 Motions to Vacate Sentence

Habeas Corpus:
- ☐ 530 General
- ☐ 535 Death Penalty
- ☐ 540 Mandamus & Other
- ☐ 550 Civil Rights
- ☐ 555 Prison Condition
- ☐ 560 Civil Detainee - Conditions of Confinement

FORFEITURE/PENALTY
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

LABOR
- ☐ 710 Fair Labor Standards Act
- ☐ 720 Labor/Mgmt. Relations
- ☐ 740 Railway Labor Act
- ☐ 751 Family and Medical Leave Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Empl. Ret. Inc. Security Act

IMMIGRATION
- ☐ 462 Naturalization Application
- ☐ 463 Habeas Corpus - Alien Detainee (Prisoner Petition)
- ☐ 465 Other Immigration Actions

BANKRUPTCY
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 840 Trademark

SOCIAL SECURITY
- ☐ 861 HIA (1395ff)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
- ☐ 375 False Claims Act
- ☐ 400 State Reapportionment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

V. ORIGIN *(Place an "X" in One Box Only)*

☐ 1 Original Proceeding ☒ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district *(specify)* ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
Civil Rights Act 42:1983

Brief description of cause:
Violation of Parents Bill of Rights Act.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):
JUDGE DOCKET NUMBER

IX. DIVISIONAL ASSIGNMENT (Civil L.R. 3-2)

(Place an "X" in One Box Only) ☒ SAN FRANCISCO/OAKLAND ☐ SAN JOSE ☐ EUREKA

DATE Feb 3, 2012 SIGNATURE OF ATTORNEY OF RECORD

Derrick Richard's White Pro SE
5334 Golden Stream De.
Houston, Tx 77066
(cell)(510) 575-1661

(5)
NP

Northren District Court of California ADR

C12-00568 MEJ

Derrick Richard's White
V
The Regents of The University California

Cause of Action
Civil Rights Act 42:1983
Violation of Parents Bill of Rights
Jurisdiction: Diversity

The plaintiff did file the complaint in the superior court of Contra Costa County Nov 2011. But feb 2, 2012 plaintiff dismissed the complaint due too the plaintiff has relocated to Houston, Tx feb 4, 2012.

So due too the (Jurisdiction Laws) the plaintiff is now filing an submitting this complaint in the District Courts

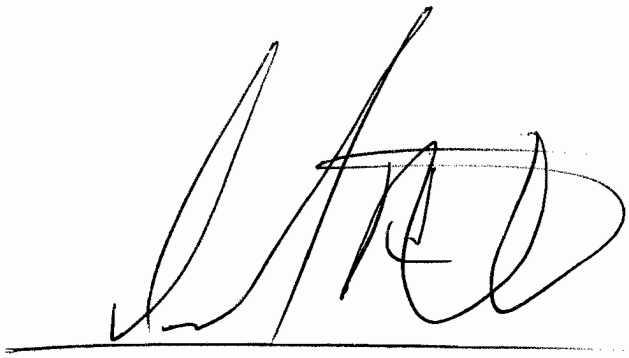
Declaration

The defendant did in fact Violate the Parents and guardian Rights.

The defendant gave false, and misleading information regarding the cause of illnes of plaintiffs 17- month old child.

According to the laws pursuant to the California Parents Bill of Rights, Act. And U.S.C. civil Rights Act 42: 1983

This cause of action is Ripe for Litigation.



Derrick Richard White

Statement of facts

(1). The defendant informed the plaintiff that his child had a genetic disease when in fact the child had aquired a induce form of pancytopenia.

(2). Pancytopenia causes Hemophangocytic Lymphohistiocytosis (HLH) and there are two forms of (HLH) Inherited form and the aquired form.

Statement of Facts

(3). The defendant was well aware that the child did not have the Inherited form of (HLH) but was treating her and preping the child for a Bone Marrow Transplant in which they knew it would be impossbile to find a Donor whom could be a match for the child.

(4) Once the Plaintiff found out that the child had the aquired form of (HLH) he ordered the Defendant to do a blood cell transplant by taking the mother Blood cells and transplanting them into the child. It worked and the child is healthy (2) years later.

Statement of facts

(5). There is only one cure for the Inherited form of (HLH) and that is a Bone Marrow Transplant.

So the child did not have the inherite form of (HLH) and the Defendant gave false + misleading information to the Plaintiff whom is the parent and guardian.

(6) And the defendat was well aware that the child had the aquired form of (HLH) and all that was needed was a blood cell transplant.

Expert Witness

DR. Sheikh : Pathologist

DR. Yi-Shenge Lee: Hematology/Oncology

DR. Leslie Fazier : Genetic Disease

DR. Helaine Pleet : Pediatric

Letter Of Resolution

Plaintiff feels that with the expert witness statements in a depostion hearing that a jury would award him damages at a high value, and that the media, and others would damage the reputation of U.C.S.F. Medical Center. Also it would cost U.C.S.F. financedy hardship.

So the plaintiff is willing to compormise and release the defendant from the hardsh of future litigation for the value of $25 million. Through litigation a jury would award more, and Plaintiff would ask for a higher value.

Exhibit (A)

Anatomic Pathology Report

Upon admission to Sutter Memorial Hospital in Sacramento, California Anaiya Richards laboratory data tested postive for (Pancytopenia)

(Pancytopenia) is caused by certain (antibiotics) and (Amoxicillin) is one of those (antibiotics).

Cal Pacific med S.F.

SUTTER MEMORIAL HOSPITAL
Department of Laboratory Medicine
Kimberly Monnin, M.D., Med Director.
Ph: (916) 733-1711
Fax: (916) 733-1959

ANATOMIC PATHOLOGY REPORT

Diagnostic Pathology
Medical Group, Inc.
Sutter Memorial Hospit
5151 F Street
Sacramento, CA 9581

************ADDENDUM REPORT ************

Patient:	**RICHARDS, ANAIYA**	Age:	1 (06/17/08)	Pathology #:	**SMS-09-0579**
Acct#:	51777175	Sex:	FEMALE	MR#:	145-74-54
Doctor:	JILL SALO M.D. (916-733-1757) 5275 F ST BUILDING D SACRAMENTO, CA 95819			Date Obtained: Date Received:	12/7/2009 12/7/2009

CC: AZAD A. SHEIKH M.D.

MICROSCOPIC DIAGNOSIS:

PERIPHERAL BLOOD: MODERATE THROMBOCYTOPENIA (SEE COMMENT).

A-B. BONE MARROW ASPIRATE AND CORE BIOPSY (RIGHT AND LEFT):

1. **NORMOCELLULAR BONE MARROW WITH TRILINEAGE HEMATOPOIESIS.**
2. **INCREASED NUMBERS OF MONOCYTES / HISTIOCYTES, SUBSET WITH ERYTHROPHAGOCYTOSIS (SEE COMMENT).**
3. **FEW ATYPICAL MONONUCLEAR CELLS, FAVOR REACTIVE.**
4. **MILD DYSERYTHROPOIESIS / MEGALOBLASTOID CHANGE.**
5. **ADEQUATE NUMBERS OF MEGAKARYOCYTES, FOCALLY CLUSTERED, AND FOCALLY HYPOLOBULATED.**
6. **MINIMALLY INCREASED RETICULIN FIBROSIS.**
7. **ERYTHROID IRON PRESENT.**

COMMENT: This bone marrow is reportedly performed to evaluate the etiology of the cytopenias in this 17-month-old girl with a couple week history of fever, jaundice, coagulopathy, and hepatosplenomegaly. Pertinent laboratory data includes pancytopenia at admission, including leukopenia (with normal absolute neutrophil count), severe microcytic anemia with a hemoglobin of 6.2 g/dl, and thrombocytopenia, hypertriglyceridemia (triglyceride level 713 mg/dl or 8.1 mmol/l, not necessarily fasting), hypofibrinogenemia (fibrinogen level 47 mg/dl or 0.47 g/l), markedly elevated serum ferritin level (greater than 16,500 ng/ml), elevated transaminases and bilirubin, and an LDH approaching 1,000 U/l (980 U/l). Additional pertinent laboratory data includes negative EBV serology, negative ANA, non-reactive HIV-1/HIV-2, and non-reactive acute hepatitis panel. In addition, PT and PTT are prolonged and D-dimer is significantly elevated.

The bone marrow aspirate smears contain a conspicuous population of monocytes / histiocytes, a subset of which show erythrophagocytosis. This finding, interpreted in the context of the above clinical and laboratory findings, is compatible with a diagnosis of hemophagocytic lymphohistiocytosis (HLH). These findings do not indicate whether the HLH is genetic or acquired. Clinical correlation and additional testing is recommended to make that distinction.

The bone marrow additionally contains increased numbers of atypical mononuclear cells that are favored to represent either reactive lymphocytes or reactive monocytes. Mild dyserythropoiesis / megaloblastoid change is also noted, as is mild megakaryocytic atypia, findings not favored to

Exhibit (B)

Pathology Report
+
Oncology Report

After being transfered to U.C.S.F. Medical Center in San Francisco, ca the pathologist determine that the (Pancytopenic) is most likely related to Anaiya Richards Illness (HLH)

U.C.S.F. MEDICAL CENTER, STOR/CDS SYSTEM

Patient Name: RICHARDS, ANAIYA Printed on 09-12-11 at 02:41 pm
MRN: 5079684-1 TMP3145
DOB: 06/17/2008

DOCUMENT # 2265872 Signed
VISIT # 17700726

CONSULTATION
DATE OF CONSULTATION: 01/11/2010
REQUESTING PHYSICIAN: Steve Dubois, M.D., Pediatric Oncology.
REASON FOR CONSULTATION: Evaluate patient for matched unrelated donor transplantation.
HISTORY OF PRESENT ILLNESS: The patient is an 18-month-old female who was diagnosed with hemophagocytic lymphohistiocytosis on December 8, 2009 at Sutter Memorial Hospital. She presented in November with fevers and then on December 5, 2009 she was hospitalized at Sutter with acute liver failure. At the time of this hospitalization, her ferritin was 16,500, triglycerides 713, and fibrinogen was low at 47. Genetic testing was sent and she was found to have MUNC compound heterozygosity with two different heterozygous mutations. She was started on HLH protocol on December 8, 2009 and treated with Decadron and VP-16 initially as well as intrathecal treatments. On December 19, cyclosporin was started as well, but has since been discontinued. She is currently hospitalized at UCSF since December 21, when the father requested a second opinion and care transfer, and is receiving continuation of treatment for HLH with weekly etoposide, dexamethasone 2.5 mg daily, and intrathecal methotrexate weekly, following the HLH protocol.
Other than HLH, her complications included coagulase-negative staphylococcus bacteremia, for which she was treated. She is also pancytopenic, which is most likely related to her HLH. She is also on Ambisome as an empiric therapy for fever and neutropenia. Her CMV status is unclear at this time. Prior to transfer to UCSF, she has received IVIG. We are trying to find out what her CMV status was before ivig.
She is breast fed. Maternal CMV status is unknown.
PAST MEDICAL HISTORY: Her past medical history indicates that she was a full-term baby delivered via cesarean section, which was a scheduled cesarean section. She is the only child of a 24-year-old mother and 44-year-old father, who come from a mixed racial background. Father is African-American and mother is mixed race, African-American and Caucasian. She has had an uneventful history up until November, when she started having fevers following immunization. According to the family, she underwent all immunizations including live vaccines. Developmental history indicates that she walked at one year of age and that her speech development was appropriate. She has had approximately ten transfusions so far, and developed itching after transfusions; thus she is premedicated with Benadryl for the transfusions.
LABORATORY: Her current laboratory tests indicate that her hemoglobin is 10.6, white blood cell count is 1.4 with absolute neutrophil count of 20, platelet count 334,000. Her bilirubin is 1.7, AST 124, ALT 160, GGT 798 and alkaline phosphatase 10,027.
FAMILY HISTORY: Her family history is remarkable for father who

Exhibit (C)

Cytometry Report
Pathology Report

Upon admission to the hosptial Anaiya Richards tested Negitive for Leukemia or Lymphoma which means She had NO Inherited forms of any Hemophangocytic Lymphohistiocytosis (HLH)

She had a (Normal Cellular) activities with her bone marrow.

SUTTER MEMORIAL HOSPITAL
Department of Laboratory Medicine
Kimberly Monnin, M.D., Med Director.
Ph: (916) 733-1711
Fax: (916) 733-1959

ANATOMIC PATHOLOGY REPORT

Diagnostic Pathology
Medical Group, Inc.
Sutter Memorial Hospita
5151 F Street
Sacramento, CA 95819

************ADDENDUM REPORT ************

Patient:	**RICHARDS, ANAIYA**	Age: 1 (06/17/08)		Pathology #:	**SMS-09-0579**
Acct#:	51777175	Sex: FEMALE		MR#:	145-74-54
Doctor:	JILL SALO M.D. (916-733-1757) 5275 F ST BUILDING D SACRAMENTO, CA 95819			Date Obtained: Date Received:	12/7/2009 12/7/2009

CC: AZAD A. SHEIKH M.D.

represent an evolving myelodysplastic syndrome. These results should be correlated with the results of the concurrent conventional cytogenetic study.

The concurrent flow cytometry study of bone marrow aspirate material from the left side (FCM-09 1231) detects no immunophenotypic evidence of acute leukemia or malignant lymphoma.

These results are discussed with Dr. Saunders Hsu on 12/8/09.

This case is also reviewed by Dr. Lorinda Soma, who concurs with the diagnosis and interpretation.

The appropriate positive and negative controls were used for each immunohistochemical stain. The tests that are reported here have been developed and the performance characteristic determined by Central Histology Facility of Diagnostic Pathology Medical Group, Inc. They may not have been cleared or approved by the U.S. Food and Drug Administration (FDA). However, th FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

KAM:mw; 85060, 85097 x 2, 88305 x 2, 88311 x 2, 88313 x 5, 88342 x 3; 288.4, 285.9, 287.5, 288.50

KIMBERLY A. MONNIN, M.D.
Electronically signed12/09/2009

U.C.S.F. MEDICAL CENTER, STOR/CDS SYSTEM

Patient Name: RICHARDS, ANAIYA
MRN: 5079684-1
DOB: 06/17/2008

Printed on 09-12-11 at 02:27 pm
TMP3145

DATE: 1-6-10 IMMUNOLOGY # IM10-29 PARNASSUS
VISIT # 17007269

SOURCE: Bone Marrow Aspirate

DIAGNOSIS:
No evidence of a lymphoproliferative disorder; see comment.

CLINICAL DATA:

The patient is a 18-month-old girl with hemophagocytic lymphohistiocytosis (HLH) who is being treated with etoposide and dexamethasone.
SPECIMEN DESCRIPTION Bone marrow aspirate, right posterior iliac crest
SURFACE MARKERS ANALYZED B-cell markers: CD19, CD20, CD22, CD23, Ig kappa, Ig lambda T-cell markers: CD2, CD3, CD4, CD5, CD7, CD8 Myeloid markers: CD13, CD15, CD33 NK markers: CD11c, CD16, CD56 Immature markers: CD10, CD34, CD117 Pan-leukocyte: CD45

COMMENTS:

Gating was performed on a population of bright CD45, low side scatter events representing 74% of total events. These events included B-cells (6% of gated events) with a kappa:lambda ratio of 1.5:1, T-cells (89% of gated events) with a CD4:CD8 ratio of 1:1, and NK-cells (5% of gated events). The B-cells expressed CD19, CD20, CD22, and variable CD23 without co-expression of CD5, CD10, or CD34. The T-cells expressed CD2, CD3, CD5, variable CD7, and either CD4 or CD8 without loss of a pan-T-cell marker. There were a few events with low to moderate side scatter and absent CD45 expression that did not stain for any markers tested, and likely represent cellular debris or red cell precursors. The remaining events in this sample were immunophenotypically consistent with monocytes and granulocytes. No evidence of a T-cell or B-cell lymphoma is identified.
These results were communicated to Dr. Chris Nixon on 1/7/2010.

PATHOLOGIST: Karlon, William J., MD 43856

SUTTER MEMORIAL HOSPITAL
Department of Laboratory Medicine
Kimberly Monnin, M.D., Med Director.
Ph: (916) 733-1711
Fax: (916) 733-1959

ANATOMIC PATHOLOGY REPORT

Diagnostic Pathology
Medical Group, Inc.
Sutter Memorial Hospital
5151 F Street
Sacramento, CA 95819

**********ADDENDUM REPORT **********

Patient:	**RICHARDS, ANAIYA**	Age:	1 (06/17/08)	Pathology #:	**SMS-09-05798**
Acct#:	51777175	Sex:	FEMALE	MR#:	145-74-54
Doctor:	JILL SALO M.D. (916-733-1757) 5275 F ST BUILDING D SACRAMENTO, CA 95819			Date Obtained: Date Received:	12/7/2009 12/7/2009

CC: AZAD A. SHEIKH M.D.

ADDENDUM:

Conventional cytogenetic analysis of bone marrow aspirate material (Sutter Memorial Hospital, M09-729) reveals a normal female karyotype (46,XX). This finding does not alter the above diagnosis.

KAM:rad

KIMBERLY A. MONNIN, M.D.
Electronically signed12/11/2009

Exhibit (1)

Newborn Screening Results & Medication Allergies

The following Reports Shall show that Anaiya Richards allergies are Penicillin and (Amoxicillin).

(1). (Amoxicillin) is a (immunoSurpressive) Drug

(2). Anaiya Richards was born without any deficeny at birth. But she was born a (Anemia) which means her immune system is already (Surpres

(3) DR. Lamendola Should have read Anaiya Rich Medical records before giving her the medication because he would have Seen/read She was (Anemia) and (Amoxicillin) is a drug that is Not to be given to (Anemia) patients. (Amoxicill

negative.
ALLERGIES: She has allergies to PENICILLIN and AMOXICILLIN.
CURRENT MEDICATIONS: Her current medications were reviewed. She was started on potassium yesterday, and has taken 1 dose last evening.
PHYSICAL EXAMINATION: She is afebrile with stable vital signs. Again, her weight is 9.2 kg, which is less than the fifth percentile. Constitutional and ENT are within normal limits. Eyes: Her sclerae were nonicteric. Head: Normocephalic, atraumatic.. Neck was within normal limits. Chest was clear to auscultation. Abdominal exam had normoactive bowel sounds with no hepatosplenomegaly or masses. Cardiovascular: She had a regular rate and rhythm. Normal S1 and S2 with no murmurs, gallops, or rubs. Her extremities were warm and well-perfused. Musculoskeletal and GU were within normal limits. Neurologically, she is nonfocal. She has no adenopathy. Her skin reveals areas of hyperpigmentation, but no erythema.
LABORATORY AND DIAGNOSTIC STUDIES: Lab studies to be obtained today in clinic include a CBC with diff, electrolytes, transaminase, and engraftment studies, EBV and HHC6, PCR, cyclosporin level, and a potassium level.
PROBLEM LIST:
1. Her disease status, she remains in remission.
2. Her engraftment hemologic status. She will have repeat engraftment studies today. Her last studies were on 04/05/2010, and showed only donor cells present.
3. Infection. She is CMV negative.
4. Graft versus host disease, appears to be stable to improved. Her cyclosporin level was low on 05/03 at 85. It was obtained approximately an hour and a half after the dose. We will repeat her cyclosporin level today, and continue her on her current dose of prednisone for another week.
5. Immune reconstitution and last T-cell function. There is some evidence have not been assessed posttransplant yet.
ASSESSMENT AND PLAN:
1. Repeat cyclosporin level, increase dose to 0.4 mL or 40 mg t.i.d.
2. Check engraftment studies.
3. Repeat a potassium level, and continue on her current dose.
4. Her nutritional status, her weight is unchanged. If her weight is not improved in 1 week, we would recommend NG feeds.
5. Her prednisone will continue at the same dose this week, but will be tapered next week, if she continues to be stable to improved.
I spent a total of 40 minutes face-to-face with the patient and family, 20 minutes were spent counseling the family on feeding, weight, graft-versus-host disease, labs, and medications.
Sincerely,
CHRISTOPHER C. DVORAK, M.D.
ASSISTANT CLINICAL PROFESSOR
PEDIATRIC BLOOD AND MARROW TRANSPLANT DIVISION
EXTRA COPIES:
CARBON COPIES: Steven Gary DuBois, MD
Box 0106
DICTATED BY: Christopher Craig Dvorak, MD 68153
Electronically Signed by
Christopher Craig Dvorak, MD 05/06/2010
12:56 P

ATTENDING PHYSICIAN: Christopher Craig Dvorak, MD 68153
D: 05/05/2010 11:58 A

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
NEWBORN SCREENING PROGRAM
850 MARINA BAY PARKWAY, ROOM F175
RICHMOND, CA 94804
(510) 412-1502

NEWBORN SCREENING RESULTS - INITIAL

BABY	
COLLINS	
Gender:	Female
NBS FORM #:	24450636
Medical Record:	012323840

BIRTH/COLLECTION INFORMATION	Date	Time
Baby's Birth:	06/17/08	0956
Specimen Collection:	06/18/08	0845
Age at Collection:	22 hour(s)	
Birth Weight:	3712 grams	
Ethnicity:	Hispanic, Black	
Specimen Collection Site:	DMC	
Feeding Type:	Breast only	

DOCTORS MEDICAL CENTER
MED RECS/BIRTH CERTIFICATE
1441 Florida Ave
Modesto, CA 95350-4405

MOTHER
COLLINS, NICOLE
313 De Vega Ct
Modesto, CA 95354-3212
(916) 271-5177

Newborn's Physician: SEANG SENG, MD

Testing Laboratory:
WESTERN CLINICAL LABORATORY
408 Sunrise Ave, Roseville, CA 95661-4123

Directors:
John Sherwin, Ph.D., Chief, Genetic Disease Laboratory, (510) 231-1790

Test interpretations are based on the **Birth/Collection Information** provided above and subject to disclaimer below.

TEST - Individual analytes listed on reverse side	INTERPRETATION
Cystic Fibrosis (CF)	Negative
Biotinidase Deficiency	Negative
Galactosemia	Negative
Primary Congenital Hypothyroidism	Negative
Congenital Adrenal Hyperplasia (due to 21-Hydroxylase Deficiency)	Negative
MS/MS Acylcarnitine Panel	Negative
MS/MS Amino Acid Panel (Including PKU)	Negative

Hemoglobinopathies		INTERPRETATION
Hb Pattern:	FA	Usual hemoglobin pattern. These results assume no transfusion prior to testing and do not rule out the possibility of a thalassemia trait or rare hemoglobin variants.

Follow-up:

Due to biological variability of newborns and differences in detection rates for the various disorders in the newborn period, the Newborn Screening Program will not identify all newborns with these conditions. While a positive screening result identifies newborns at an increased risk to justify a diagnostic work-up, a negative screening result does not rule out the possibility of a disorder. Health care providers should remain watchful for any sign or symptoms of these disorders in their patients. A newborn screening result should not be considered diagnostic, and cannot replace the individualized evaluation and diagnosis of an infant by a well-trained, knowledgeable health care provider.

If you have questions regarding these results, please contact the Newborn Screening staff at

Exhibit (E)

The following documents support once Anaiya was given her mothers (Blood cells) that the (Pancytopena) was Resloved.

Matter of a fact all Side effects and damages from the medications was resloved.

(1). The only cure for (Secondary) (HLH) or for (Pancytopenia) is a Hypoidencal Cell Trawsplan

(2). The only cure for (Inherited) (HLH) is a Bone Marrow Transplant.

(3). It is very evident Anaiya Richards had Secondar (HLH) which is caused by a immunosupressive drug and the only medication she ever had Anaxicillin which is what caused (Pancyta

2. Adrenal suppression.
3. Transaminitis.
4. Pancytopenia, resolving.
5. Typhlitis, resolved.
6. Nausea and anorexia, resolved.
7. Klebsiella bacteremia, resolved.
8. Potassium and phosphorous wasting, resolved.

PHYSICAL EXAMINATION ON DISCHARGE: In general, this is a very playful toddler in no acute distress, sitting in bed. Her mental status is alert and interactive. Her head is normocephalic and is notable for alopecia and cushingoid facies. Her extraocular movements are intact. Her pupils are equal, round, and reactive to light. Her tympanic membrane exam was deferred today. Her oropharynx is clear, with moist mucous membranes. Her neck is supple, without lymphadenopathy. She is breathing comfortably on room air and her lung sounds are clear to auscultation bilaterally. Her cardiac exam is unremarkable, without murmur. Her abdomen continues to be mildly distended and she has no hepatosplenomegaly palpated today. Her genitourinary exam is only significant for hyperpigmentation, but no active rashes. Her neurological exam is remarkable for mild gross motor delay, although she is walking with assist. She does not speak words yet. Her musculoskeletal exam reveals thin extremities. Overall, her skin has no active rashes. Her double lumen Broviac site on her right chest is clear, dry and intact.

DISCHARGE MEDICATIONS:
1. Acyclovir 140 mg p.o. b.i.d.
2. Cholecalciferol 400 units p.o. daily.
3. Fluconazole 36 mg p.o. daily.
4. Hydrocortisone 15 mg each a.m., 10 mg each afternoon and each p.m., tapering Friday per taper calender.
5. IVIG 5 grams IV q.3 weeks, last received 4/1/2010.
6. Zofran 1.6 mg p.o. q.8 h. p.r.n. nausea.
7. Poly-Vi-Sol 1 mL p.o. daily.
8. Potassium chloride 6 mEq p.o. b.i.d.
9. Zantac 25.5 mg p.o. b.i.d.
10. Septra 24 mg p.o. b.i.d. each Friday, Saturday and Sunday.
11. Actigall 78 mg p.o. b.i.d.

FOLLOW UP: The patient is being discharged to family house. She will have home health care and laboratory done next Thursday. She will return to the Bone Marrow Transplant Clinic on 4/14.

EXTRA COPIES:

CARBON COPIES: PCP No
Box 0208

In dictionary Not

ATTENDING MD: Dvorak, Christopher Cra 68153

DICTATED BY: Dvorak, Christopher Cra 68153

D: 4-5-10 12:38

lymphoid forms, including some with plasmacytoid features, are present throughout, appropriate for age. The bone marrow core specimens are 95% cellular (normal for age) and display mixed hematopoiesis, including norma numbers of megakaryocytes. Occasional small clusters of megakaryocytes are noted. Histiocytic forms appear modestly increased throughout. Blasts are not increased and no lymphoid aggregates or granulomas are appreciated. Immunohistochemical stains on the core biopsies highlight mixed CD79a+ B-cells and somewhat increased CD3+ T-cells scattered throughout, accounti for approximately 30% of the cellular material. CD68 highlights predominantly maturing myeloid elements and occasional monocytic/macrophag elements, some of which contain hematopoietic cells. Reticulin stains are focally, slightly increased; although this finding may represent subcortic location. Iron stains on the core biopsy reveal scant to absent storage iron (may not be optimal on decalcified material; thus, accurate evaluatic of iron stores is not possible), while aspirate iron stains show no increased ringed sideroblasts (storage iron cannot be evaluated due to lac of particles). Per report, cytogenetics are normal: 46, XX. Additionally, flow immunophenotyping (left aspirate) reportedly detects no evidence of acute leukemia or a lymphoma.

CLINICAL HISTORY:

The patient is a 17 month old girl with a reported history of cytopenias with several weeks of fever, jaundice, coagulopathy (elevated PT,PTT, and D-Dimer), and hepatosplenomegaly. Per report, the patient's initial laboratory data includes leukopenia (with a normal absolute neutrophil count), severe microcytic anemia (HGB 6.2 g/dL), thrombocytopenia, hypertriglyceridemia (713 mg/dL), hypofibrinogenemia (fibrinogen 47 mg/dL) elevated serum ferritin (>16,500 ng/mL), elevated transaminases and bilirubin, elevated LDH (980 U/L), and negative serologies for EBV, HIV, hepatitis, and ANA. A bone marrow biopsy was done at another institute (SMS09-5798, 12/7/2009) secondary to concern for hemophagocytic lymphohistiocytosis (HLH), which is reviewed here by UCSF hematopathology. LABORATORY DATA (12/7/2009): WBC 8.2 x10E9/L, HGB 12.1 g/dl, MCV 70 fl, PI 54 x10E9/L

MICROSCOPIC DESCRIPTION:

OUTSIDE MATERIAL RECEIVED:
From: SUTTER MEMORIAL HOSPITAL, SACRAMENTO, CA 95819; Glass slides (accession number SMS09-5798; date 12/7/2009): 18 total slides, 0 Blocks: Outside report prepared by Dr. Kimberly A. Monnin on 12/9/2009.

A UCSF Hematopathologist is asked to review this case by Dr. Steven Dubois of UCSF Pediatric Hematology/Oncology.

PATHOLOGIST: Etzell, Joan E., MD 26521

Closing Statements

The plaintiff has submitted the proper documents to support the complaint.

Thus far the complaint is ripe for litigation and the Plaintiff request the courts to move foward with the process.

Derrick Richards while

c.c. file

UCSF childrens Hospital, Pediatric Treatment Team.

Derrick Richard's White Pro SE
5334 Golden Stream, DR.
Houston, Tx 77066

Proof Service

Defendant was proply servied with Summons, complaint, civil Cover Sheet. ON Feb 3, 2012 at.

1111 Franklin Street 8th floor

Oakland, California

Delivered Personaly by Yolanda Jackson
1740 5th Street 94801
Richmond, Ca

X _____
Server

X _____
receiver.